



STATE OF MISSOURI
DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
INVITATION FOR BID

IFB NO. HB1519

TITLE: Missouri Preschool Project

ISSUE DATE: April 2, 2003

CONTACT PERSON: Ruth Flynn

PHONE NUMBER: 573-751-2095

RETURN APPLICATION NO LATER THAN: 3:00 p.m. on May 15, 2003

RETURN APPLICATION TO:

**DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
EARLY CHILDHOOD EDUCATION
Jefferson Bldg., 7th Floor
PO BOX 480
JEFFERSON CITY, MO 65102-0480**

CONTRACT PERIOD: Date of Award to June 30, 2004

DELIVER SUPPLIES/SERVICES FOB DESTINATION TO THE FOLLOWING ADDRESS:

Department of Elementary and Secondary Education
Early Childhood Education
205 Jefferson Street, P.O. Box 480
Jefferson City, MO 65102

The contractor hereby declares understanding, agreement and certification of compliance to provide the items and/or services, at the prices quoted, in accordance with all requirements and specifications contained herein and the Terms and Conditions Invitation for Bid. The contractor further agrees that the language of this IFB shall govern in the event of a conflict with his/her bid. The contractor further agrees that upon receipt of an authorized purchase order from the DESE or when this IFB is countersigned by an authorized official of the State of Missouri, a binding contract shall exist between the contractor and the DESE.

SIGNATURE REQUIRED

AUTHORIZED SIGNATURE		DATE
PRINTED NAME		TITLE
COMPANY NAME		FEDERAL EMPLOYER ID NO.
MAILING ADDRESS		
CITY, STATE, ZIP		
VENDOR NO. (IF KNOWN)		
PHONE NO.	FAX NO.	E-MAIL ADDRESS

NOTICE OF AWARD (STATE USE ONLY)

ACCEPTED BY STATE OF MISSOURI AS FOLLOWS:	
TITLE Commissioner of Education	DATE
CONTRACT AMOUNT NOT TO EXCEED: \$ _____	



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
 EARLY CHILDHOOD EDUCATION
 PO BOX 480, JEFFERSON CITY, MISSOURI 65102-0480
MISSOURI PRESCHOOL PROJECT (MPP) CONTINUATION APPLICATION
PROFESSIONAL DEVELOPMENT

THIS APPLICATION IS TO BE COMPLETED, SIGNED, AND RETURNED NO LATER THAN MAY 15.

FOR DESE USE ONLY	Date Project Approved	Previous Operational Funds Awarded \$ _____	New Operational Funds Awarded \$ _____	Signature of Authorized DESE Official
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SECTION I PROJECT INFORMATION

LEAD AGENCY		PLEASE CHECK ONE <input type="checkbox"/> Public School <input type="checkbox"/> Head Start <input type="checkbox"/> Private Preschool <input type="checkbox"/> Non-Profit Agency		SCHOOL DISTRICT COUNTY/DISTRICT CODE _____ - _____	LEAD AGENCY EIN
AUTHORIZED REPRESENTATIVE			STREET ADDRESS		
CITY		STATE MO	ZIP	TELEPHONE NUMBER ()	
CONTACT PERSON'S NAME		TITLE		EMAIL ADDRESS	
ORGANIZATION-ENTITY (i.e., YMCA, SCHOOL DISTRICT)			STREET ADDRESS		
CITY		STATE MO	ZIP	TELEPHONE NUMBER ()	
Indicate Year of Continuation (check one) <input type="checkbox"/> 2 nd Year <input type="checkbox"/> 3 rd Year		Operational Funds Requested \$ _____		Funding Category (Please Check One) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D	

SECTION II STATEMENT OF ASSURANCES

The applicant hereby assures the Department of Elementary and Secondary Education that:

- The lead agency will maintain such records and provide such information as may be necessary for fiscal and program auditing and will provide the Department any information it may need to carry out its responsibilities under the IFB. If applicable, partner agencies or contractual service providers will provide this information to the lead agency.
- The lead agency will comply with state guidelines for this IFB.
- The lead agency will use funds received under this IFB only to supplement the level of funds that in absence of this IFB would have been available from other sources and not to supplant such funds.
- The lead agency shall offer preschool services for no less than three (3) years from the date of contract award.
- Failure to meet the requirements set forth by this IFB will forfeit eligibility to receive the IFB award.

The lead agency, through its authorized representative, fully understands the Assurances and the responsibility for compliance placed upon the organization by the Assurances. The organization will refund directly to the Department any unused or misused funds. Any significant revision of the approved application will be requested in writing by the contractor prior to the implementation of the change.

SIGNATURE (AUTHORIZED REPRESENTATIVE)	PRINT NAME	TITLE	DATE
SIGNATURE (CONTACT PERSON)	PRINT NAME	TITLE	DATE
SIGNATURE (PARTNER SERVICE PROVIDER) – SITE 1	PRINT NAME	TITLE	DATE
SIGNATURE (PARTNER SERVICE PROVIDER) – SITE 2	PRINT NAME	TITLE	DATE

If applicable, attach a copy of the Letter of Agreement or contract between the district and partner agency (Head Start, YMCA, etc.) or contractual service provider.

SECTION III – BUDGET INFORMATION**BUDGET INFORMATION**

All figures must be rounded to the nearest dollar. Make certain all figures and calculations are correct. Include only costs related to the amount requested.

	OPERATIONAL +	10% = (OPTIONAL)	TOTAL BUDGET (OPERATIONAL + 10%)
A. PURCHASED SERVICES	\$	\$	\$
B. MATERIALS AND SUPPLIES**	\$	\$	\$
TOTAL REQUESTED			

* DESE reserves the right to reduce the budget based on program plan and/or funds available.

** Materials and supplies must be associated with professional development training.

YOU MUST ATTACH AN ITEMIZED LISTING /DESCRIPTION FOR EACH BUDGET CATEGORY AS LISTED IN THE TABLE ABOVE.

FOR DESE USE ONLY	DATE APPROVED	DESE SIGNATURE
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BUDGET COMMENTS:

INSERT ITEMIZED BUDGET HERE

SECTION IV – PROJECT DESCRIPTION

PROVIDE A SUMMARY OF THE PROJECT BID. INCLUDE HOW THIS BID DIRECTLY ADDRESSES THE PROFESSIONAL DEVELOPMENT NEEDS OF THOSE INVOLVED. EXPLAIN HOW PROFESSIONAL DEVELOPMENT WILL BE ON GOING.

SECTION V - PROGRAM INFORMATION

A. LEAD AGENCY MUST BE LICENSED BY THE MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES, BUREAU OF CHILD CARE.

The license is effective ____/____/____ through ____/____/____

***ATTACH A COPY OF THE LICENSE AT THE END OF THE BID**

B. AS A RESULT OF THE PROFESSIONAL DEVELOPMENT NEEDS, THE FOLLOWING ARE SEEN AS PRIORITIES FOR THIS BID: (check all that apply)

- ☐ **Accreditation fees**
☐ lead agency site
☐ 10% set aside for other community programs ____ number of programs who may be interested.
- ☐ **Research-based curriculum training**
☐ lead agency site for ____ number of teachers.
☐ 10% set aside for other community programs ____ number of teachers who may be interested.
- ☐ **Ongoing professional development**
☐ lead agency site for ____ number of teachers.
☐ 10% set aside for other community programs ____ number of teachers who may be interested.
- ☐ **Professional resource library**
☐ lead agency site for ____ number of teachers.
☐ 10% set aside for other community programs ____ number of teachers who may be interested.
- ☐ **Tuition** for CDA, AA, or 4 year degree in the field of Early Childhood
☐ lead agency site for ____ number of teachers.
☐ 10% set aside for other community programs ____ number of teachers who may be interested.

SECTION VI – PROGRAM DATA**A. SCHOOL DISTRICT DATA**

PERCENT OF STUDENTS ON FREE/REDUCED LUNCH
(contact local school district for percentage)

NUMBER OF STUDENTS ENROLLED IN EARLY CHILDHOOD SPECIAL
EDUCATION (contact local school district for number)

B. CHILD DATA**LEAD AGENCY****3 years old before August 1****4 years old before August 1**

1. Current number of children served at this site.

2. Current number of low-income children served at this site.

3. Current number of special-needs children served at this site.

SECTION VII – PROJECT GOALS AND EVALUATION

Present a concise statement describing the intended goals and evaluation of the project. They must directly address the needs as identified in the Project Description (page 3).

PROJECT GOALS (2-4 goals)**PROJECT EVALUATION of GOALS**

(Briefly describe how you will evaluate the above project goals. What data will you collect? How will you know if your professional development was successful?)

SECTION VIII – COLLABORATION (If applicable)**EXISTING MPP COLLABORATION**

If the public school district/community has received a Missouri preschool project (MPP) award, please describe any involvement with that award.

SECTION IX – THREE-YEAR PLAN

THE PLAN MUST ADDRESS HOW THE FUNDS WOULD BE SPENT FOR ALL THREE YEARS.

PROFESSIONAL DEVELOPMENT PLAN

Must show evidence of continuous professional development associated with this bid. Explain how professional development is ongoing. If the project bid includes designating professional development opportunities for licensed child care/preschool providers within the community (10% community set aside), please include this in the three year plan.